



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD Permit Number: MS4-IL40035 Person Representing Permittee Who Contacted IEPA: BOB LACHAPPELLE

Date: 01-04-13 Time: 8:20 AM ☐ PM ☒ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 01-03-13 Time: 7:20 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): 2 HOURS

Estimated Volume of Wastewater Discharged (gallons): 100 GALLONS WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO. N/A Location of the Overflow or Bypass: 17717 LARKSPUR LN.

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733 11/2011 ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE REISDENT AT 17717 LARKSPUR LN CALL THE VILLAGE TO REPORT WATER LEAK IN THE PARKWAY. WE FOUND THE SEWER BLOCKED. WE USED OUR SEWER JET TO CLEAR THE BLOCKAGE AND DRAIN THE SEWER SYSTEM.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
N/A ☐ ☐ ☐ ☐ ☐ ☐

Contributing Soil Conditions (saturated, frozen, soil type)

N/A

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

☒ Runs on ground and absorbs into the soil☐ Ditch: Name of surface water it drains to: \_\_\_\_\_☒ Storm Sewer: Name of surface water it drains to: CALUMET WATER SHED☐ Surface water direct discharge: \_\_\_\_\_☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): \_\_\_\_\_☐ Other, describe: \_\_\_\_\_**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE SHOT THE SEWER AND REMOVED THE BLOCKAGE AND DRIANED THE MANHOLES. WE WILL TELEWISE THE SEWER LINE TO SEE IF FURTHER REPAIRS ARE NEEDED.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

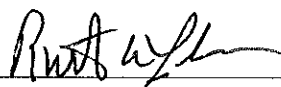
Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

*Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))*

Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR

Authorized Representative Signature

1-4-13

Date



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD Permit Number: MS4-IL40035 Person Representing Permittee Who Contacted IEPA: BOB LACHAPPELLE

Date: 01-07-13 Time: 11:00 AM ☒ PM ☐ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 01-06-13 Time: 2:30 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): \_\_\_\_\_

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

0 GALLONS

N/A

18420 HOMEWOOD

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE HOMEOWNER AT 18420 HOMEWOOD CALLED THE VILLAGE TO REPORT BASEMENT BACK-UP. THE HOMEOWNER'S SEWER SERVICE LINE WAS BLOCKED.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
N/A ☒ ☐ ☒ ☐

Contributing Soil Conditions (saturated, frozen, soil type)

N/A

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil  
☐ Ditch: Name of surface water it drains to: \_\_\_\_\_  
☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_  
☐ Surface water direct discharge: \_\_\_\_\_  
☒ Basement Back-ups, (Number & use (i.e. residential, commercial) of buildings affected): 1 RESIDENTIAL  
☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE CHECKED THE UP AND DOWN STREAM MANHOLES. THEY WERE DOWN AND FLOWING. WE SHOT THE SEWER AND CLEANED THE SEWER. THE HOMEOWNER STILL HAD BACK-UP. SHE CALLED A PLUMBER TO ROD HER SEWER SERVICE LINE.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

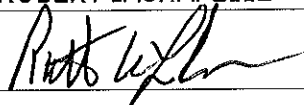
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Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR



Authorized Representative Signature

1-7-13

Date



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

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1021 North Grand Avenue East  
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### 24 Hour Notification Information

Permittee (Municipality or Facility Name):	Permit Number:	Person Representing Permittee Who Contacted IEPA:
VILLAGE OF HOMEWOOD	MS4-IL40035	BOB LACHAPPELLE

Date:	Time:	AM	PM	IEPA Office Contacted:	Name of IEPA Employee Contacted:
01-08-13	7:45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DES PLAINES	ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date:	Time:	AM	PM	Duration of the overflow or bypass (hours and minutes):
01-07-13	4:30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 HOURS

Estimated Volume of Wastewater Discharged (gallons):	WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO.	Location of the Overflow or Bypass:
0 GALLONS	N/A	17606 WASHINGTON AVE

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Other (explain below)
<input type="checkbox"/> Snow Melt	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Widespread Flooding	

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE REISIDENT AT 17606 WASHINGTON CALL THE VILLAGE TO REPORT SEWER BACK-UP IN THE BASEMENT. THE SEWER APPEARED TO HAVE A TREE ROOT BLOCKAGE. WE USED OUR SEWER JET TO CLEAR THE BLOCKAGE AND DRAIN THE SEWER SYSTEM.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
N/A ☐ ☐ ☐ ☐ ☐ ☐

Contributing Soil Conditions (saturated, frozen, soil type)

N/A

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE SHOT THE SEWER AND REMOVED THE BLOCKAGE AND DRIANED THE BACK-UP. WE WILL TELEWISE THE SEWER LINE TO SEE IF FURTHER REPAIRS ARE NEEDED.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

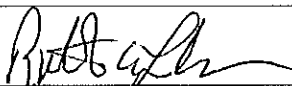
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Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR



Authorized Representative Signature

1-9-13

Date



# Illinois Environmental Protection Agency

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## Sanitary Sewer Overflow or Bypass Notification Summary Report

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### 24 Hour Notification Information

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD Permit Number: MS4-IL40035 Person Representing Permittee Who Contacted IEPA: BOB LACHAPPELLE

Date: 01-31-13 Time: 8:50 AM ☒ PM ☐ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 01-30-13 Time: 2:45 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): 1 HOURS

Estimated Volume of Wastewater Discharged (gallons): 0 GALLONS WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO. Location of the Overflow or Bypass: 1346 BIRCH RD

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733 11/2011 ☒ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE HOMEOWNER AT 1346 BIRCH RD CALLED THE VILLAGE TO REPORT BACK-UP. THE HOMEOWNER'S SEWER SERVICE LINE WAS BLOCKED.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
01-29-13	6:00	<input type="checkbox"/> <input checked="" type="checkbox"/>	01-30-13	11:00	<input checked="" type="checkbox"/> <input type="checkbox"/>	1.50	

Contributing Soil Conditions (saturated, frozen, soil type)

SATURATED SOIL

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
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- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

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WE SHOT THE SEWER AND CLEANED THE SEWER. THE HOMEOWNER STILL HAD BACK-UP. SHE CALLED A PLUMBER TO ROD HER SEWER SERVICE LINE.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
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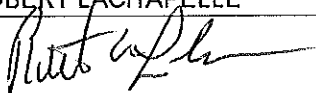
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Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR



Authorized Representative Signature

1-31-13

Date





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Date: 01-30-13 Time: 12:45 AM ☐ PM ☒ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 01-30-13 Time: 10:20 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes): 1 HOURS

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

0 GALLONS

N/A

18446 WESTERN AVE

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☒ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

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THE HOMEOWNER AT 18446 WESTERN AVE CALLED THE VILLAGE TO REPORT BACK-UP. THE HOMEOWNER'S SEWER SERVICE LINE WAS BLOCKED.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
01-29-13	6:00	<input type="checkbox"/> <input checked="" type="checkbox"/>	01-30-13	11:00	<input checked="" type="checkbox"/> <input type="checkbox"/>	1.50	

Contributing Soil Conditions (saturated, frozen, soil type)

SATURATED SOIL

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE SHOT THE SEWER AND CLEANED THE SEWER. THE HOMEOWNER STILL HAD BACK-UP. HE CALLED A PLUMBER TO ROD HIS SEWER SERVICE LINE.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEROOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

*Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))*

Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

1-31-13



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD Permit Number: MS4-IL40035 Person Representing Permittee Who Contacted IEPA: BOB LACHAPPELLE

Date: 01-30-13 Time: 12:45 AM ☐ PM ☒ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 01-30-13 Time: 9:00 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes): 1 HOURS

Estimated Volume of Wastewater Discharged (gallons): 0 GALLONS WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO. N/A Location of the Overflow or Bypass: 1442 OLIVE RD

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733 11/2011 ☒ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE HOMEOWNER AT 1442 OLIVE RD CALLED THE VILLAGE TO REPORT BACK-UP. THE HOMEOWNER'S SEWER SERVICE LINE WAS BLOCKED.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
01-29-13	6:00	<input type="checkbox"/> <input checked="" type="checkbox"/>	01-30-13	11:00	<input checked="" type="checkbox"/> <input type="checkbox"/>	1.50	

Contributing Soil Conditions (saturated, frozen, soil type)

SATURATED SOIL

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE SHOT THE SEWER AND CLEANED THE SEWER. THE HOMEOWNER STILL HAD BACK-UP. SHE CALLED A PLUMBER TO ROD HER SEWER SERVICE LINE.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

1-31-13



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD Permit Number: MS4-IL40035 Person Representing Permittee Who Contacted IEPA: BOB LACHAPPELLE

Date: 01-30-13 Time: 12:45 AM ☐ PM ☒ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 01-30-13 Time: 7:30 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes): 1 HOURS

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

0 GALLONS

N/A

17615 LINCOLN

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

☒ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE HOMEOWNER AT 17615 LINCOLN AVE CALLED THE VILLAGE TO REPORT BACK-UP. THE HOMEOWNER'S SEWER SERVICE LINE WAS BLOCKED.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM	PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
01-29-13	6:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	01-30-13	11:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.50	

Contributing Soil Conditions (saturated, frozen, soil type)

SATURATED SOIL

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE SHOT THE SEWER AND CLEANED THE SEWER. THE HOMEOWNER STILL HAD BACK-UP. SHE CALLED A PLUMBER TO ROD HER SEWER SERVICE LINE.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

1-31-13



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

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### 24 Hour Notification Information

Permittee (Municipality or Facility Name):	Permit Number:	Person Representing Permittee Who Contacted IEPA:
VILLAGE OF HOMEWOOD	MS4-IL40035	BOB LACHAPPELLE

Date:	Time:	AM	PM	IEPA Office Contacted:	Name of IEPA Employee Contacted:
02-04-13	10:20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DES PLAINES	ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date:	Time:	AM	PM	Duration of the overflow or bypass (hours and minutes):
02-02-13	1:30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1 HOURS

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

0 GALLONS

N/A

18842 CASTLE RD

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- |                                    |                                       |  |   |
|------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Rain      | <input type="checkbox"/> Power Outage | <input type="checkbox"/> Equipment Failure   | <input checked="" type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Snow Melt | <input type="checkbox"/> Broken Sewer | <input type="checkbox"/> Widespread Flooding |   |

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE HOMEOWNER AT 18842 CASTLE RD CALLED THE VILLAGE TO REPORT BACK-UP. THE HOMEOWNER'S SEWER SERVICE LINE WAS BLOCKED.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM ☐ PM ☒ End Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM ☒ PM ☐ Amount of Rainfall (inches) \_\_\_\_\_ Amount of Snow Melt (inches) \_\_\_\_\_

Contributing Soil Conditions (saturated, frozen, soil type) \_\_\_\_\_

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

THE HOMEOWNER HAD BACK-UP. HE CALLED A PLUMBER TO ROD HIS SEWER SERVICE LINE. THE PLUMBER REMOVED ROOTS FORM THE SEWER SERVICE LINE AND CLEARED THE BLOCKAGE. THE HOMEOWER LEFT A VOICE MAIL ON SATURDAY 2/2/13 AND WE CHECKED OUR SEWER ON MONDAY 2/4/13. We meet with The Homeowner and Told Him our line was clear. He no longer had A BACK-UP.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEROOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

2-4-13





# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

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- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

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### 24 Hour Notification Information

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD Permit Number: MS4-IL40035 Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE

Date: 02-07-13 Time: 9:30 AM ☒ PM ☐ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 02-06-13 Time: 2:45 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): 1 HOURS

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

10 GALLONS

N/A

1212 OLIVE RD

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE HOMEOWNER AT 1212 OLIVE RD CALLED THE VILLAGE TO REPORT BACK-UP. THE HOMEOWNER'S SEWER SERVICE LINE WAS BLOCKED WITH TREE ROOTS.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)

☐ ☒ ☐ ☒ ☐ ☐ ☐ ☐

Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☒ Other, describe: SEWER CLEAN OUT IN YARD

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

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THE HOMEOWNER HAD BACK-UP. HE CALLED A PLUMBER TO ROD HIS SEWER SERVICE LINE. THE PLUMBER REMOVED ROOTS FORM THE SEWER SERVICE LINE AND CLEARED THE BLOCKAGE. THE VILLAGE SEWER WAS DOWN AND FLOWING.

**Report Completed By**

Contact Person: BOB LACHAPELLE

Street Address: 2020 CHESTNUT RD

PO Box: \_\_\_\_\_

City: HOMEOOD State: IL

Zip Code: 60430 Phone: 708-206-2910

County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

County: \_\_\_\_\_

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Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

2-7-13



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

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### 24 Hour Notification Information

Permittee (Municipality or Facility Name):

VILLAGE OF HOMEWOOD

Permit Number:

MS4-IL40035

Person Representing Permittee Who Contacted IEPA:

BOB LACHAPPELLE

Date: Time: AM PM IEPA Office Contacted:

02-08-13 1:09 ☐ ☒ DES PLAINES

Name of IEPA Employee Contacted:

ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: Time: AM PM Duration of the overflow or bypass (hours and minutes):

02-08-13 10:30 ☒ ☐ 1 HOURS

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

5 GALLONS

N/A

18360 CENTER AVE

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE HOMEOWNER AT 18360 CENTER AVE CALLED THE VILLAGE TO REPORT BACK-UP. THE HOMEOWNER'S SEWER SERVICE LINE WAS BLOCKED.

Wet Weather (if applicable)

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
\_\_\_\_\_ ☐ ☒ \_\_\_\_\_ ☒ ☐ \_\_\_\_\_

Contributing Soil Conditions (saturated, frozen, soil type) \_\_\_\_\_

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e. residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☒ Other, describe: OUTSIDE CLEAN OUT

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE CHECKED THE SEWER AND THE SEWER WAS DOWN AND FLOWING. THE HOMEOWNER STILL HAD BACK-UP. SHE CALLED A PLUMBER TO ROD HER SEWER SERVICE LINE.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEROOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

**Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))**

Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

2-8-13





# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
VILLAGE OF HOMEWOOD

Permit Number:  
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:  
BOB LACHAPPELLE

Date: 02-11-13 Time: 10:20 AM ☒ PM ☐ IEPA Office Contacted:  
DES PLAINES

Name of IEPA Employee Contacted:  
Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 02-10-13 Time: 3:20 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes):

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

N/A

Location of the Overflow or Bypass:

18018GOTTSCALK AVE

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☒ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE HOMEOWNER AT 18018 GOTTSCALK AVE REPORTED BACK-UP. WE FOUND THE SEWER CLEAR. THE HOMEOWNER WAS ADVISED TO CALL A PLUMBER ROD HER SERVICE LINE.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: 02-10-13 Time: 4:35 AM ☒ PM ☐ End Date: 02-10-13 Time: 6:15 AM ☐ PM ☒ Amount of Rainfall (inches) 0.18 Amount of Snow Melt (inches)

Contributing Soil Conditions (saturated, frozen, soil type)  
SATURATED SOIL

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): \_\_\_\_\_
- ☒ Other, describe: BACK-UP IN THE SHOWER AND TOILET

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE SHOT THE SEWER AND CLEANED THE MAIN SEWER WE WILL DYE TEST THE SEWER SERVICE LINE TO SEE IF FURTHER REPAIRS ARE NEEDED.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

2-11-13





# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name): Village of homewood Permit Number: ms4-il40035 Person Representing Permittee Who Contacted IEPA: Harry Hammock

Date: 02-11-13 Time: 2:30 AM ☐ PM ☒ IEPA Office Contacted: Des Plaines Name of IEPA Employee Contacted: ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 02/11/13 Time: 1:00 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): 0

Estimated Volume of Wastewater Discharged (gallons): \_\_\_\_\_ WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO. Location of the Overflow or Bypass: \_\_\_\_\_

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733 11/2011 ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The homeowners sewer service was blocked.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a ☐ ☐ ☐ ☐ ☐ ☐

Contributing Soil Conditions (saturated, frozen, soil type)

n/a

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil  
☐ Ditch: Name of surface water it drains to: \_\_\_\_\_  
☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_  
☐ Surface water direct discharge: \_\_\_\_\_  
☒ Basement Back-ups, (Number & use (i.e. residential, commercial) of buildings affected): 1 RESIDENTIAL  
☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

Resident at 18348 Pierce Ave had sewer back-up in the main level. The village sewer line was down and flowing normally. We ran our sewer jet through the line. The resident still had his back-up. We advised him to call a plumber to have his sewer rodded.

**Report Completed By**

Contact Person: Harry Hammock  
Street Address: 2020 Chestnut rd  
PO Box: \_\_\_\_\_  
City: Homewood State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: Cook

**Authorized Representative Contact Information**

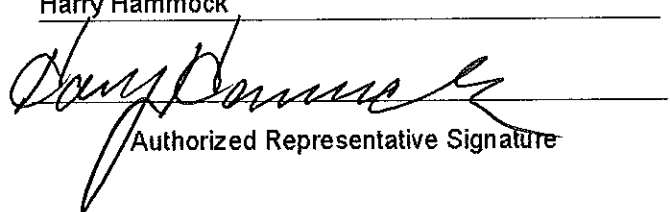
Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

Harry Hammock

Title

Utility Tech  
Authorized Representative Signature2-11-13  
Date





# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

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### 24 Hour Notification Information

Permittee (Municipality or Facility Name):	Permit Number:	Person Representing Permittee Who Contacted IEPA:
VILLAGE OF HOMEWOOD	MS4-IL40035	BOB LACHAPPELLE

Date:	Time:	AM	PM	IEPA Office Contacted:	Name of IEPA Employee Contacted:
02-11-13	10:20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DES PLAINES	Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date:	Time:	AM	PM	Duration of the overflow or bypass (hours and minutes):
02-10-13	9:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 HOURS

Estimated Volume of Wastewater Discharged (gallons):	WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO.	Location of the Overflow or Bypass:
50 GALLONS	N/A	18752 ROYAL RD

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

<input checked="" type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Other (explain below)
<input type="checkbox"/> Snow Melt	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Widespread Flooding	

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

E- COM REPORTED AT 18752 ROYAL RD A WATER LEAK IN THE PARKWAY. WE FOUND THE SEWER BLOCKED. WE USED OUR SEWER JET TO CLEAR THE BLOCKAGE AND DRAIN THE SEWER SYSTEM.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM	PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
02-10-13	4:35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	02-10-13	6:15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.18	

Contributing Soil Conditions (saturated, frozen, soil type)

SATURATED SOIL

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☒ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): \_\_\_\_\_
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

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WE SHOT THE SEWER AND REMOVED THE BLOCKAGE AND DRIANED THE MANHOLES. WE WILL TELEWISE THE SEWER LINE TO SEE IF FURTHER REPAIRS ARE NEEDED.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

2-16-13



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

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### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
VILLAGE OF HOMEWOOD

Permit Number:  
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:  
BOB LACHAPPELLE

Date: 02-11-13 Time: 10:20 AM ☒ PM ☐ IEPA Office Contacted:  
DES PLAINES

Name of IEPA Employee Contacted:  
Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 02-10-13 Time: 3:20 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes):

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

N/A

Location of the Overflow or Bypass:  
18014 GOTTSCHALK AVE

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☒ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE HOMEOWNER AT 18014 GOTTSCHALK AVE REPORTED BACK-UP. WE FOUND THE SEWER CLEAR. THE HOMEOWNER HAD A PLUMBER ROD HER SERVICE LINE.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM	PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
02-10-13	4:35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	02-10-13	6:15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.18	

Contributing Soil Conditions (saturated, frozen, soil type)

SATURATED SOIL

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

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- ☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): \_\_\_\_\_
- ☒ Other, describe: BACK-UP IN THE SHOWER AND TOILET

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

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WE SHOT THE SEWER AND CLEANED THE MAIN SEWER WE WILL DYE TEST THE SEWERSERVICE LINE TO SEE IF FURTHER REPAIRS ARE NEEDED.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
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Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

2-11-13



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## Sanitary Sewer Overflow or Bypass Notification Summary Report

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Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name): Village of homewood Permit Number: ms4-il40035 Person Representing Permittee Who Contacted IEPA: Robert LaChapelle

Date: 02-12-13 Time: 10:30 AM ☒ PM ☐ IEPA Office Contacted: Des Plaines Name of IEPA Employee Contacted: ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 02/11/13 Time: 1:30 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): 0

Estimated Volume of Wastewater Discharged (gallons): 0 WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO. n/a Location of the Overflow or Bypass: n/a

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733 11/2011 ☐ Rain ☐ Power Outage ☐ Equipment Failure ☐ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

N/A

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a ☐ ☐ ☐ ☐ ☐ ☐

Contributing Soil Conditions (saturated, frozen, soil type)

n/a

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): \_\_\_\_\_
- ☒ Other, describe:NO OVERFLOW OR BY-PASS OCCURED

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

Resident at 2317 CLYDE TERRACE call the Village to report gurgling pipes. The village sewer line was blocked. We ran our sewer jet through the line and relived the blockage and drained the sewer.

**Report Completed By**

Contact Person: Bob LaChapelle  
Street Address: 2020 Chestnut rd  
PO Box: \_\_\_\_\_  
City: Homewood State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: Cook

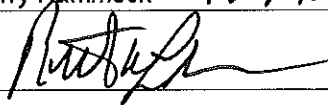
**Authorized Representative Contact Information**

Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

*Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))*

Authorized Representative Name (Print) Title

Harry Hammock Robert LaChapelle Utility Supervisor



Authorized Representative Signature

2-12-13

Date



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.  
Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
Village of Homewood

Permit Number:  
ms4-il40035

Person Representing Permittee Who Contacted IEPA:  
Robert LaChapelle

Date: 02-15-13 Time: 8:45 AM ☒ PM ☐ IEPA Office Contacted:  
Des Plaines

Name of IEPA Employee Contacted:  
ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 02-15-13 Time: 2:30 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes):  
0

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
1/1/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The Villages sewer was blocked.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: ☐ AM ☐ PM End Date: Time: ☐ AM ☐ PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
n/a \_\_\_\_\_

Contributing Soil Conditions (saturated, frozen, soil type)

n/a

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☒ Other, describe: the sump pump was cycling because the water could not get out.

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

The Resident at 17950 Governors Hwy had his sump pump cycling. The village sewer line was blocked. We ran our sewer jet through the line and cleared the blockage. we will televise the line to see what caused the blockage.

**Report Completed By**

Contact Person: Robert LaChapelle  
Street Address: 2020 Chestnut rd  
PO Box: \_\_\_\_\_  
City: Homewood State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: Cook

**Authorized Representative Contact Information**

Contact Person: Same  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

*Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))*

Authorized Representative Name (Print)

Robert LaChapelle

Title

Utility Supervisor

Authorized Representative Signature

Date

2-15-13





# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
VILLAGE OF HOMEWOOD

Permit Number:  
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:  
BOB LACHAPPELLE

Date: 02-22-13 Time: 1:30 AM ☐ PM ☒ IEPA Office Contacted: DES PLAINES

Name of IEPA Employee Contacted:  
Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 02-22-13 Time: 8:00 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes):

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

N/A

Location of the Overflow or Bypass:  
19006 Johnathon Ave.

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The homeowner at 19006 Johnathon called and reported he had perma seal rod his sewer and was advised roots in his sewer in street area The village checked our sewer main and homeowner was advised the problem was in his service and his responsibility.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: 02-22-13 Time: 8:00 AM ☒ PM ☐ End Date: 02-22-13 Time: 3:30 AM ☐ PM ☒ Amount of Rainfall (inches) 0 Amount of Snow Melt (inches) snow

Contributing Soil Conditions (saturated, frozen, soil type)  
SATURATED SOIL

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil  
☐ Ditch: Name of surface water it drains to: \_\_\_\_\_  
☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_  
☐ Surface water direct discharge: \_\_\_\_\_  
☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): \_\_\_\_\_  
☒ Other, describe: slow drains no back up reported

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE SHOT THE SEWER AND CLEANED THE MAIN SEWER .

**Report Completed By**

Contact Person: HARRY HAMMOCK  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

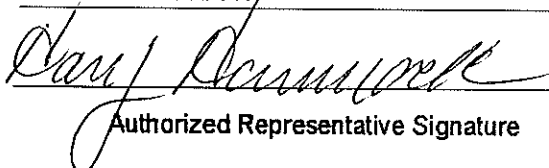
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Authorized Representative Name (Print)

HARRY HAMMOCK

Title

UTILITY SUPERVISOR

  
Authorized Representative Signature

2-22-13  
Date



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

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Springfield, IL 62794-9276

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### 24 Hour Notification Information

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD Permit Number: MS4-IL40035 Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE

Date: 03-01-13 Time: 12:45 AM ☐ PM ☒ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 02-28-2013 Time: 3:20 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): \_\_\_\_\_

Estimated Volume of Wastewater Discharged (gallons): \_\_\_\_\_ WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO. Location of the Overflow or Bypass: 1939 Miller Ct.

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733 11/2011 ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE HOMEOWNER came home from work and basement had approx. 15" of water in basement. As we checked manholes we found a sewer plug in the Villages Main line. Sewer was shot and cleaned by the Village. Basement then drained.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM	PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches) snow
02-28-13	1:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	02-28-13	6:15	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Contributing Soil Conditions (saturated, frozen, soil type)

SATURATED SOIL

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): Residential (1) Home
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE SHOT THE SEWER AND CLEANED THE MAIN SEWER.

**Report Completed By**

Contact Person: Harry Hammock  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEWOOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

Harry Hammock

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

3-1-13



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):	Permit Number:	Person Representing Permittee Who Contacted IEPA:
VILLAGE OF HOMEWOOD	MS4-IL40035	BOB LACHAPPELLE

Date:	Time:	AM	PM	IEPA Office Contacted:	Name of IEPA Employee Contacted:
03-11-13	9:30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DES PLAINES	Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date:	Time:	AM	PM	Duration of the overflow or bypass (hours and minutes):
03-09-13	11:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

0

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

N/A

Location of the Overflow or Bypass:

949 ELDER RD

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The apartment building at 949 Elder Rd called and reported he had water coming from the toilet flange seal The village checked our sewer main and apartment was advised the problem was in his building and his responsibility.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: \_\_\_\_\_ Time: ☒ AM ☐ PM End Date: \_\_\_\_\_ Time: ☐ AM ☒ PM Amount of Rainfall (inches) \_\_\_\_\_ Amount of Snow Melt (inches) \_\_\_\_\_  
0

Contributing Soil Conditions (saturated, frozen, soil type) \_\_\_\_\_

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): \_\_\_\_\_
- ☒ Other, describe:toilet leaking no back up reported \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE ADVISED THEM TO GET A PLUMBER

**Report Completed By**

Contact Person: Bob La Chapelle  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEODD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

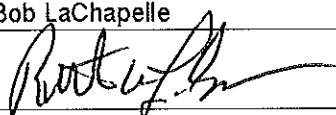
**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

Bob LaChapelle



Authorized Representative Signature

Title

UTILITY SUPERVISOR

3-11-13

Date





# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD Permit Number: MS4-IL40035 Person Representing Permittee Who Contacted IEPA: BOB LACHAPPELLE

Date: 03-11-13 Time: 9:30 AM ☒ PM ☐ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 03-10-13 Time: 11:00 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): \_\_\_\_\_

Estimated Volume of Wastewater Discharged (gallons): 0 WWTP Flow During bypass (report in MGD): NOT applicable for a collection system SSO. Location of the Overflow or Bypass: 1814 EVERGREEN RD

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733 11/2011 ☒ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☒ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The RESIDENT at 1814 EVERGREEN RD called and reported She had water coming from the floor drains We checked our sewer main, the line was full. THIS WAS LATE IN THE DAY . THE SYSTEM WAS FULL OF SNOW MELT AND RAIN

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
03-10-13	9:00	<input checked="" type="checkbox"/> <input type="checkbox"/>	03-11-13	9:00	<input checked="" type="checkbox"/> <input type="checkbox"/>	1.25"	10"

Contributing Soil Conditions (saturated, frozen, soil type)  
FROZEN**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☒ Other, describe: WATER COMMING UP FLOOR DRAINS

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE WILL CHECK THE SEWER MAIN AGAIN WHEN THE LEVELS DROP.

**Report Completed By**

Contact Person: Bob La Chapelle  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

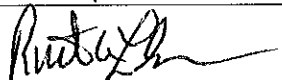
Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

*Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))*

Authorized Representative Name (Print)

Bob LaChapelle

Title

UTILITY SUPERVISOR

Authorized Representative Signature

3-11-13

Date





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Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD Permit Number: MS4-IL40035 Person Representing Permittee Who Contacted IEPA: BOB LACHAPPELLE

Date: 03-11-13 Time: 9:30 AM ☒ PM ☐ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 03-10-13 Time: 8:30 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): \_\_\_\_\_

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

0

N/A

Location of the Overflow or Bypass:

18021 GOTTSCHALK AVE

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

☒ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☒ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The RESIDENT at 18021 GOTTSCHALK AVE called and reported She had water coming from the floor drains We checked our sewer main, the line was half full. We shot the line and improved the flow and relived the back up.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM	PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
03-10-13	9:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03-11-13	9:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1"	10"

Contributing Soil Conditions (saturated, frozen, soil type)  
FROZEN**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

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- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☒ Other, describe: WATER COMMING UP FLOOR DRAINS

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

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WE cleaned the main sewer line.

**Report Completed By**

Contact Person: Bob La Chapelle  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
County: \_\_\_\_\_

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Authorized Representative Name (Print)

Bob LaChapelle

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

3-11-13



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### 24 Hour Notification Information

Permittee (Municipality or Facility Name):	Permit Number:	Person Representing Permittee Who Contacted IEPA:
VILLAGE OF HOMEWOOD	MS4-IL40035	BOB LACHAPELLE

Date:	Time:	AM	PM	IEPA Office Contacted:	Name of IEPA Employee Contacted:
03-11-13	9:30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DES PLAINES	Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date:	Time:	AM	PM	Duration of the overflow or bypass (hours and minutes):
03-10-13	6:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Estimated Volume of Wastewater Discharged (gallons):	WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO.	Location of the Overflow or Bypass:
0	N/A	1635 PINE RD

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

<input checked="" type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Other (explain below)
<input checked="" type="checkbox"/> Snow Melt	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Widespread Flooding	

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The RESIDENT at 1635 PINE RD called and reported She had water coming from the floor drains The village checked our sewer main, it was down and flowing she was advised the problem was in her home and her responsibility.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM	PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
03-10-13	9:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03-11-13	9:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1"	10"

Contributing Soil Conditions (saturated, frozen, soil type)

FROZEN

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
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- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☒ Other, describe: WATER COMMING UP FLOOR DRAINS

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

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WE ADVISED THEM TO GET A PLUMBER

**Report Completed By**

Contact Person: Bob La Chapelle

Street Address: 2020 CHESTNUT RD

PO Box: \_\_\_\_\_

City: HOMEOD State: IL

Zip Code: 60430 Phone: 708-206-2910

County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

County: \_\_\_\_\_

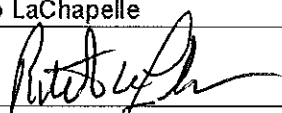
*Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))*

Authorized Representative Name (Print)

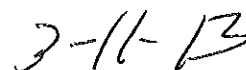
Bob LaChapelle

Title

UTILITY SUPERVISOR



Authorized Representative Signature



Date



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### Hour Notification Information

Permittee (Municipality or Facility Name):	Permit Number:	Person Representing Permittee With Authority:
VILLAGE OF HOMEWOOD	MS4-IL40035	BOB LACHAPPELLE
Date:	Time:	AM PM IEPA Office Contacted:
1-13	9:30	<input checked="" type="checkbox"/> <input type="checkbox"/> DES PLAINES
		Name of IEPA Employee Contacted:
		Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Provide Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Date:	Time:	AM PM	Duration of the overflow or bypass (hours and minutes):
1-13	5:35	<input type="checkbox"/> <input checked="" type="checkbox"/>	

Estimated Volume of water discharged (MGD):	WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO.	Location of the Overflow or Bypass:
	N/A	1524 OLIVE RD

### Circumstances Causing the Overflow or Bypass (check all that apply)

- ☒ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☒ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

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Permittee at 1524 OLIVE RD called and reported She had water coming from the floor drains The village checked it, it was down and flowing she was advised the problem was in her home and her responsibility.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM	PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
03-10-13	9:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03-11-13	9:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1"	10"

Contributing Soil Conditions (saturated, frozen, soil type)

FROZEN

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

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PO Box: \_\_\_\_\_

City: HOMEOD State: IL

Zip Code: 60430 Phone: 708-206-2910

County: COOK

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Contact Person: SAME

Title: \_\_\_\_\_

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Date: 03-11-13 Time: 9:30 AM ☒ PM ☐ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: Alan Anderson

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Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 03-11-13 Time: 9:15 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes): \_\_\_\_\_

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

0 N/A 18254 RIEGEL RD

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

☒ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
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The RESIDENT at 18254 RIEGEL RD called and reported he had water coming from the floor drains. THE WATER CAME UP DURING THE HEAVY RAIN AND THEN WENT DOWN WHEN IT STOPPED.



**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM	PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
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- ☒ Other, describe: WATER COMMING UP FLOOR DRAINS

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE CLEANED THE SEWER MAIN.

**Report Completed By**

Contact Person: Bob La Chapelle

Street Address: 2020 CHESTNUT RD

PO Box: \_\_\_\_\_

City: HOMEOD State: IL

Zip Code: 60430 Phone: 708-206-2910

County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

County: \_\_\_\_\_

*Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))*

Authorized Representative Name (Print)

Bob LaChapelle

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

3-11-13



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):	Permit Number:	Person Representing Permittee Who Contacted IEPA:
VILLAGE OF HOMEWOOD	MS4-IL40035	BOB LACHAPPELLE

Date:	Time:	AM	PM	IEPA Office Contacted:	Name of IEPA Employee Contacted:
03-11-13	9:30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DES PLAINES	Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date:	Time:	AM	PM	Duration of the overflow or bypass (hours and minutes):
03-11-13	9:30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

0	N/A	19019 LOOMIS AVE
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### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

☒ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☒ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The RESIDENT at 19019 LOOMIS AVE called and reported he had water coming from the floor drains.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM	PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
03-10-13	9:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03-11-13	9:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.25"	10"

Contributing Soil Conditions (saturated, frozen, soil type)  
FROZEN**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☒ Other, describe: WATER COMMING UP FLOOR DRAINS

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE CHECKED THE SEWER MAIN IT WAS DOWN AND FLOWING, WE ADVISED THE HOMEOWNER TO CALL A PLUMBER.

**Report Completed By**

Contact Person: Bob La Chapelle  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
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Authorized Representative Name (Print)

Bob LaChapelle

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

3-11-13